

SCANNED AT PINCKNEYVILLE CC and E-mailed
 by _____ pages
 date _____ initials _____ No.

UNITED STATES DISTRICT COURT
 for the

Southern District of Illinois

Rodney Stanton

) Case Number:

17-365-DRH

(Clerk's Office will provide)

) Plaintiff/Petitioner(s)

-) CIVIL RIGHTS COMPLAINT
 pursuant to 42 U.S.C. §1983 (State Prisoner)
 CIVIL RIGHTS COMPLAINT
 pursuant to 28 U.S.C. §1331 (Federal Prisoner)
 CIVIL COMPLAINT
 pursuant to the Federal Tort Claims Act,
 28 U.S.C. §§1346, 2671-2680, or other law

v.
HONEYWELL INTERNATIONAL,
 INC., ET AL., & GARDNER &
 STERN CO.

) Defendant/Respondent(s)

I. JURISDICTION

Plaintiff:

A. Plaintiff's mailing address, register number, and present place of confinement.

RODNEY STANTON
#B65491
P.O Box 999
PINCKNEYVILLE, IL 62274

Defendant #1:

B. Defendant HONEYWELL INTERNATIONAL INC. is employed as

(a) (Name of First Defendant)

CORPORATION / REGISTERED INTERNATIONALLY
(b) (Position/Title)

with CHAIRMAN, C.E.O., PRESIDENT, OPERATING MANAGER
(c) (Employer's Name and Address)

2768 NORTH US 45 ROAD

At the time the claim(s) alleged this complaint arose, was Defendant #1 employed by the state, local, or federal government? Yes No

If your answer is YES, briefly explain: DEFENDANT 1. IS AN
INTERNATIONAL CORPORATION THAT OPERATES AS
AN AGENT OF THE FEDERAL GOVERNMENT
RECEIVING PAYMENT FOR CONSULTATION, AND IS A
RECIPIENT OF FEDERAL GOVERNMENT SUBSIDIES

Defendant #2:

C. Defendant GARDNER & STERN CO. is employed as

(Name of Second Defendant)

STEVE (DOE) CITE SUPERVISOR

(Position/Title)

with 5901 N CICERO AVE Suite # 102

(Employer's Name and Address)

chicago, illinois 60614

At the time the claim(s) alleged in this complaint arose, was Defendant #2 employed by the state, local, or federal government? Yes No

If your answer is YES, briefly explain:

Additional Defendant(s) (if any):

D. Using the outline set forth above, identify any additional Defendant(s).

II. PREVIOUS LAWSUITS

- A. Have you begun any other lawsuits in state or federal court relating to your imprisonment? Yes No
- B. If your answer to "A" is YES, describe each lawsuit in the space below. If there is more than one lawsuit, you must describe the additional lawsuits on another sheet of paper using the same outline. Failure to comply with this provision may result in summary denial of your complaint.
1. Parties to previous lawsuits:
Plaintiff(s): N/A
 2. Court (if federal court, name of the district; if state court, name of the county):
 3. Docket number:
 4. Name of Judge to whom case was assigned:
 5. Type of case (for example: Was it a habeas corpus or civil rights action?):
 6. Disposition of case (for example: Was the case dismissed? Was it appealed? Is it still pending?):
 7. Approximate date of filing lawsuit: N/A
 8. Approximate date of disposition:

III. GRIEVANCE PROCEDURE

A. Is there a prisoner grievance procedure in the institution? Yes No

B. Did you present the facts relating to your complaint in the prisoner grievance procedure?

Yes No

C. If your answer is YES,

1. What steps did you take?

2. What was the result?

N/A

D. If your answer is NO, explain why not.

E. If there is no prisoner grievance procedure in the institution, did you complain to prison authorities?

Yes No

F. If your answer is YES,

1. What steps did you take?

2. What was the result?

G. If your answer is NO, explain why not. **LAW SUIT UNRELATED TO IMPRISONMENT**

H. Attach copies of your request for an administrative remedy and any response you received. If you cannot do so, explain why not.

IV. STATEMENT OF CLAIM

- A. State here, as briefly as possible, when, where, how, and by whom you feel your constitutional rights were violated. Do not include legal arguments or citations. If you wish to present legal arguments or citations, file a separate memorandum of law. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. If your claims relate to prison disciplinary proceedings, attach copies of the disciplinary charges and any disciplinary hearing summary as exhibits. You should also attach any relevant, supporting documentation.

IN MAY OF (2010), I WAS AN EMPLOYEE OF GARDNER & STEVENS CO. AND, I WAS TOLD WE WERE HIRED BY HONEYWELL'S CORP., THE COMPANY I WORK FOR IS A "RESPONSE TEAM" WHEN COMPANY THAT ATTEMPTED TO STARKE GARDNER & STEVENS, WE ARE CALLED INTO SERVICE, THEM DURING THE STRIKE. I BEGIN WORKING AS A SOURCE CHEF/DRIVER, WORKING AT HONEYWELL'S. BROUGHT ME IN CONTACT WITH, RADIONUCLIC ENVIRONMENT, ALTHOUGH I WAS CHECKED PERIODICALLY FOR RADIONUCLIC CONTAMINATION. I WAS NOT GIVEN THE PROTECTIVE GEAR, OTHER EMPLOYEES OF HONEYWELL'S WERE. I WAS STILL TOLD TO TRAVEL THROUGH THE AREA OF CONTAMINATION, NOW ON (OCTOBER 3RD 2010). I BEGIN HAVING BREATHING DIFFICULTY, AND WITH INCREASING SHORTNESS OF BREATH (CALLED 911) AND WAS RUSHED TO (MASSACHUSETTS MEMORIAL HOSPITAL) IN METROPOLIS, BY AMBULANCE. AND AFTER BEING TREATED AND WAS TOLD SOMETHING WAS GOING ON WITH MY HEART, FROM THE (EMERGENCY RM). NEVER THOUGHT ANYTHING ELSE ABOUT IT JUST OLD AGE, I THEN TOOK A VACATION OFF AND RETURN BACK TO HONEYWELL'S THEN THE JOB SITE ENDED THREE WEEKS LATER, WHICH WAS AROUND THE FIRST WK OF (NOVEMBER 2010). WE PACKED UP MADE IT BACK TO CHICAGO, AND ABOUT THE MIDDLE OF DECEMBER, I BEGIN BEING VERY SICK, COULD NOT BREATHE COULD NOT WALK LONG DISTANCE, GET VERY TIRED COULD NOT SLEEP HAD TO SLEEP-SITTING, ON A COUCH OR ANCHOR, I'D GET UP AND MAKE IT TO THE (EMERGENCY RM). IN THE MIDDLE OF THE NIGHT, TO RUSH-UNIVERSITY MEDICAL CENTER, AND THEY WOULD KEEP ME FOR TWO OR THREE DAYS AND SEND ME HOME. I STILL DID NOT UNDERSTAND WHY THIS JUST STARTED ALL AT ONCE. EVERY MONTH FOR THE NEXT EIGHT MONTHS. I HOSPITALIZED AT RUSH UNIVERSITY MEDICAL CENTER AND THEY WOULD KEEP ME FOR TWO OR THREE DAYS, AND SEND ME HOME, BECAUSE I DID NOT HAVE INSURANCE. STILL HAD KNOW CLUE OF WHY THIS JUST HAPPEN ALL OF A SUDDEN. ON THE (EIGHTH MONTH) OF RUMINATING THE (EMERGENCY RM), THEY KEPT ME AND THE MORNING CALL OF THE DOCTORS ENTERED MY ROOM TO DISCUSS AND EXPLAIN MY CONDITION, TELL THE DOCTORS STATED TO ME YOUR HEART IS BEATING AT 25% CAPACITY, HAVE YOU EVER BEEN LIKE US, TO FIX YOU UP, I WAS TOLD THAT I HAD CONGESTIVE HEART FAILURE. I STILL HAD KNOW CLUE OF HOW. I BECAME SO SICK THAT FAST AFTER WORKING AT (HONEYWELL'S) HAD PHYSICAL BEFORE GOING TO SITE, I WAS JUST SO GRATEFUL TO STILL BE LIVING. SO I NEVER QUESTION IT BECAUSE I DID NOT UNDERSTAND THEANGER OF WORKING AT (HONEYWELL'S) BUT FOR YRS, I THOUGHT ABOUT WHY DID I JUST GET SICK ALL OF A SUDDEN. SEPTEMBER 2010, I WAS WATCHING (SOUTHERN DISTRICT) LOCAL NEWS, COMES ACROSS THE SCREEN, PEOPLE AT (HONEYWELL'S) COMPLAINING ABOUT HOW THERE GETTING SICK FROM WORKING AT (HONEYWELL'S) AND ALSO PEOPLE LIVING IN THE AREA TALKING ABOUT THE RADIONUCLIC CONTAMINATION ENVIRONMENT, CALLED PROJECT: SAFE ON OTHER SIDE OF THE FENCE, AND THAT'S HOW, I MADE MY DISCOVERY OF HOW I BECAME ILL WITH (CONGESTIVE HEART FAILURE) NOW I'M (LEGALLY DISABLED) BECAUSE OF IT (DEFIBRILLATOR / PACEMAKER IMPLANT), WHICH CHANGED MY LIFE FOREVER, MY (I DON'T CANCER) WAS RAFFE WHICH I'M KNOW LONGER ABLE OR ALLOWED TO DRIVE TRUCKS AGAIN, WHICH WAS MY LIFE, JUST GIVING AN IDEAL OF THE PAIN THAT (HONEYWELL'S INTERNATIONAL INC.) HAS MADE ON MY LIFE. SEE IN THE EXHIBITS,

V. REQUEST FOR RELIEF

State exactly what you want this court to do for you. If you are a state or federal prisoner and seek relief which affects the fact or duration of your imprisonment (for example: illegal detention, restoration of good time, expungement of records, or parole), you must file your claim on a habeas corpus form, pursuant to 28 U.S.C. §§ 2241, 2254, or 2255. Copies of these forms are available from the clerk's office.

100,000,00 FROM DEFENDANT, HONEYWELL CORP.
FOR COMPENSATORY DAMAGE, 100,000,00 DOLLARS FOR
DAMAGES AND FOR PRESENT AND FUTURE MEDICAL COST
AND ANY DAMAGES THIS HONORABLE COURT deems JUST AND
PROPER.

VI. JURY DEMAND (check one box below)

The plaintiff does does not request a trial by jury.

DECLARATION UNDER FEDERAL RULE OF CIVIL PROCEDURE 11

I certify to the best of my knowledge, information, and belief, that this complaint is in full compliance with Rule 11(a) and 11(b) of the Federal Rules of Civil Procedure. The undersigned also recognizes that failure to comply with Rule 11 may result in sanctions.

Signed on: APRIL 5, 2017
(date)

P.O. Box 999
Street Address
PRICKNEYVILLE, IL 62274
City, State, Zip

Rodney Stanton
Signature of Plaintiff

Rodney Stanton
Printed Name

B65491
Prisoner Register Number

Signature of Attorney (if any)

EXHIBIT (A)

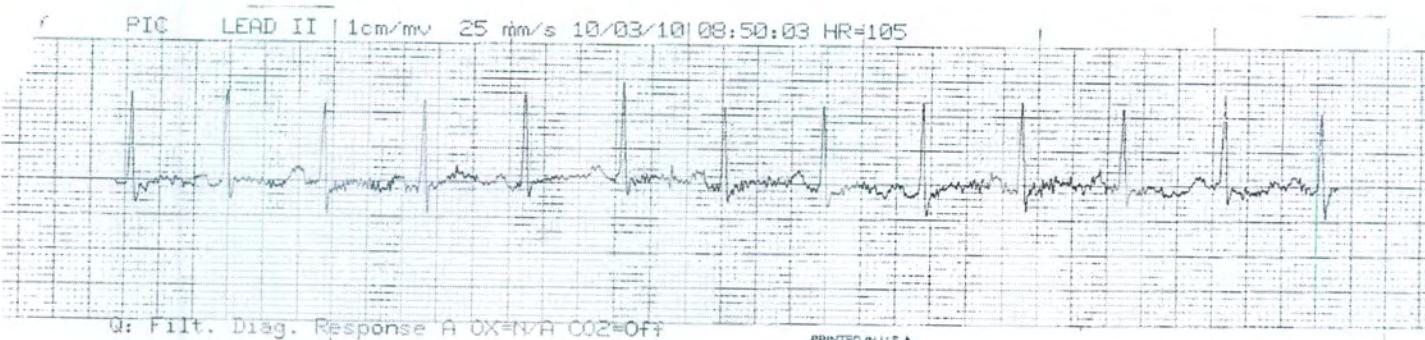
	Massac Memorial	10/3/2010	Transport Vehicle:	ORIGINAL
Massac Amb Ser Run Report			513802	Incident #
Vehicle ID 513802	Agen. ID: Zebra	Transporting Unit Arr.Time: 8:24	00387510	1
Page 2 of 2				

Final Assessment:

Time: 8:39	By: 060107489	GCS: 15	RTS: 12	Severity: 2
Airway: Open	Breathing: Normal	Circulation	Strong Radial Pulse	LOC: Alert & Oriented x 3
Head: Within Normal Limits	Back: Within Normal Limits			Left Pupil: PERRL
Face: Within Normal Limits	Abdomen: Within Normal Limits			Right Pupil: PERRL
Eye: Within Normal Limits	Pelvic: Within Normal Limits			Left Lung: Clear
Neck: Within Normal Limits	Ext. Upper: Within Normal Limits			Right Lung: Clear
Chest: Within Normal Limits	Ext. Lower: Within Normal Limits			Blood Sugar: 165
Skin Color: Normal/Pink	Skin Moisture: Normal			Skin Temp: Normal

History of Chief Complaint:

Called to Baymont Inn for a person having difficulty breathing. Upon arrival, found patient sitting upright in chair. Patient was in moderate respiratory distress. Patient stated his breathing difficulty started at approximately 7 am this morning. Patient assisted to ambulance stretcher. Patient denied any history of respiratory illness. Patient positioned sitting upright on stretcher. Patient secured to ambulance stretcher with three seatbelts. Patient alert and oriented X 3. Vital signs taken. Pulse oximeter reading was 90% on room air. Patient placed on 15 liters of oxygen via non-rebreather. Patient placed on cardiac monitor. Cardiac monitor showed a sinus tachycardia rhythm. IV of normal saline established in left AC with 18 gauge cannula at a TKO rate. Patient had wheezing in all lung fields. Patient given albuterol breathing treatment. Medical control contacted. No orders given. Patient transported to Massac Memorial Hospital per patient request. Patient stated relief from breathing difficulty with albuterol treatment and oxygen. Patient pulse oximeter reading was 98% during transport. Patient stated he had coughed up yellow mucous when breathing difficulty started. Patient moved from ambulance stretcher to emergency room bed without assistance. Patient care taken over by emergency room nurse.

Carl Cross
060107489Carl Cross

R

Jason Webster
000273698Mark 164

EXHIBIT (B)

MASSAC MEMORIAL HOSPITAL
28 CHICK STREET
METROPOLIS, ILLINOIS 62960
RADIOLOGY DEPARTMENT

PATIENT NAME: Stanton, Rodney
DOB: 03/02/1965
PLACE OF SERVICE: Emergency Room
DATE OF SERVICE: 10/03/2010
AGE: 45y
X-RAY #: 58135
PHYSICIAN: Baron Baucom, / No Doctor,
EXAMINATION: CHEST 2 VIEWS
CLINICAL HISTORY: SOB

Exam: Two-view chest.

HISTORY: Shortness of breath. Cough.

No comparisons.

FINDINGS: PA and lateral views of the chest. Diffuse interstitial prominence is seen. There are bilateral perihilar infiltrates. Opacity seen in the right lung base which may be due to the atelectasis or edema. Pneumonia is not excluded. The lungs are hyperexpanded. There are clips at the GE junction.

Impression: Diffuse interstitial prominence. Focal increased air space disease is seen in the right base which may be due to atelectasis. Pneumonia is not excluded. Recommend follow-up.

*** THIS IS AN ELECTRONICALLY VERIFIED REPORT ***

James Borders, M.D.

RADIOLOGIST

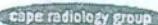
D: 10/03/2010 10:10:00 AM

T: 10/03/2010 10:10:00 AM

JJB&BORDERS&JAMES^^20101003101100

EXHIBIT (C)

Page 1 of 1



powered by: AMICAS

Name: STANTON,
RODNEY

MRN: MMH-58135

DOB: 1965-03-02

Sex:
M

Accession: 1010030167

Study Date & Time:
10/03/2010 09:14:39Description: CHEST 2
VIEWS

Interpreter: Borders, James M.D. (10)

Transcriptionist: BORDERS, JAMES (JJB)

===== Begin of Report Content =====

Exam: Two-view chest.

HISTORY: Shortness of breath. Cough.

No comparisons.

FINDINGS: PA and lateral views of the chest. Diffuse interstitial prominence is seen. There are bilateral perihilar infiltrates. Opacity seen in the right lung base which may be due to the atelectasis or edema. Pneumonia is not excluded. The lungs are hyperexpanded. There are clips at the GE junction.

Impression: Diffuse interstitial prominence. Focal increased air space disease is seen in the right base which may be due to atelectasis. Pneumonia is not excluded. Recommend follow-up.

===== End of Report Content =====

EXHIBIT (D)

ILLINOIS DEPARTMENT OF CORRECTIONS
Medical Special Service Referral Denial or Revision

Offender's Name: Stanton, Rodney ID# B65491
Referral Date: 1/28/15

Initial Proposed Course of Action: River to River Heart Group.
Cardiomyopathy post AICD check, Cardiology
Requesting Echocardiogram

Alternative Care Recommended:

- RECENT INTAKE- PATIENT W/ C/O CP X 2 DAYS PER WEX- DUE FOR AICD
- CHECK AND SEEN BY CARDIOLOGY 1/27/15 FOR EVAL AND AICD CHECK -
- RECEIVED REFERRAL REQUEST FOR ECHO- DISCUSSED IN COLLEGIAL
02/02/2015 W/ DR RITZ AND DR POWERS - RECOMMENDED SITE REPRESENT IN
COLLEGIAL W/ DICTATED CARDIOLOGY NOTE FROM 1/27/15 VISIT

The offender has the right to appeal any adverse decisions through the grievance procedure outlined in 20 III.
Adm. Code 504: Subpart F.

VACANT
Print Facility Medical Director's Name

VACANT
Facility Medical Director's Signature

Date

2/25/15
George H CUR

Distribution: Offender, Offender's Medical File, and
Health Care Unit Administrator

(Printed on Recycled Paper)

DOC 0255 (Eff. 4/2007)

EXHIBIT (E)

ILLINOIS DEPARTMENT OF CORRECTIONS
Medical Special Service Referral Denial or Revision

Offender's Name: Stanton, Rodney ID# B65491
Referral Date: 1/28/15

Initial Proposed Course of Action First AICD check, further workup requested for River to River Heart Group consideration

Alternative Care Recommended:

- PATIENT W/ C/O CP X 2 DAYS PER WEX- DUE FOR AICD CHECK AND SEEN BY
- CARDIOLOGY 1/27/15 FOR EVAL AND AICD CHECK - RECEIVED REFERRAL
- REQUEST ABI'S W/ DOPPLERS - DISCUSSED IN COLLEGIAL W/ DR POWERS AND
- DR RITZ - REQUESTED SITE REPRESENT IN COLLEGIAL W/ THE DICTATED
- NOTE FROM THE 1/27/15 CARDIOLOGY VISIT

The offender has the right to appeal any adverse decisions through the grievance procedure outlined in 20 Ill. Adm. Code 504: Subpart F.

VACANT
Print Facility Medical Director's Name

VACANT
Facility Medical Director's Signature

Distribution: Offender, Offender's Medical File, and Health Care Unit Administrator

(Printed on Recycled Paper)

DOC 0255 (Eff. 4/2007)

2/25/15
George Hua
Date

EXHIBIT (F)

ILLINOIS DEPARTMENT OF CORRECTIONS
Medical Special Service Referral Denial or Revision

Offender's Name: Stanton, Rodney ID# B65491
Referral Date: 6/8/15

Initial Proposed Course of Action:

Consult for pacemaker check
do EKG
do Cardiology

Alternative Care Recommended:

- do Pacemaker check
at site by Boston
Pacemaker Company
- needs last Echo report
before repeating
if

The offender has the right to appeal any adverse decisions through the grievance procedure outlined in 20 Ill. Adm. Code 504: Subpart F.

DR. VIRENDRA SHAH
Print Facility Medical Director's Name

Facility Medical Director's Signature

Date

6/26/15

Distribution: Offender, Offender's Medical File, and
Health Care Unit Administrator

(Printed on Recycled Paper)

DOC 0755 (Eff. 4/2007)

TXWISI (67)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Medical History

NRC

Facility

HIV Opt-Out:

- Test
 Refused

 Reception History Periodic HistoryDate: 12/13/14Time: 215
a.m.
p.m.

Offender Id

B65491 STANTON, RODNEY

Age: 49

DOB: 03/02/1965

Race: BLK

Sex: M

Gender:

NRC 12/23/2014

87

 Other _____

VIE

Subjective: Past Medical History / History of Present Illness / Family History				
Condition	Yes	No	Family History	Explanation
Allergies				
Smoking				
Pediculosis				
Seizures				
Asthma				
Cardiac/HTN				
Diabetic				
Disability (vision, hearing, etc.)				
Communicable Disease				
a. Hepatitis/Jaundice	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b. Hx + PPD/Active TB	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c. STD	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d. HIV +AIDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Surgeries	<input type="checkbox"/>	<input type="checkbox"/>		
Hx of Psych Tx	<input type="checkbox"/>	<input type="checkbox"/>		
a. Past Suicide Attempt	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b. Current Suicidal Ideation	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Recent Drug/ETOH use	<input type="checkbox"/>	<input type="checkbox"/>		
Mobility Problems				
a. Assistive Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b. Prosthetics	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c. Specialized Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Other Medications				
History of Sexual Abuse or Predator				
Oriented x3				
Other:				

Objective: T: <u>76</u> P: <u>76</u>	<input type="checkbox"/> regular	<input type="checkbox"/> irregular	R: <u>20/20</u>	<input type="checkbox"/> regular	<input type="checkbox"/> irregular	B/P: <u>143/102</u>
Height: <u>5'8"</u>	Weight: <u>220</u>	Vision: RT 20/ <u>20</u>	LT 20/ <u>25</u>	Corrected: RT 20/ <u>20</u>	LT 20/ <u>20</u>	
Behavioral appearance. Hearing loss. Mental status. Evidence of deformity, trauma, and skin conditions.						WNL

Assessment: <u>NKA HTM DM</u>
<u>Defibrillator</u>
<u>SIGT</u>

Plan: (Check and complete as appropriate)

- Physical Examination: Urgent Routine
- Mental Health Referral: Urgent Routine
- Health Information Given: Yes Refused
- PPD Results: Positive Negative
- Chest X-ray performed: N/A Yes No
- Other: _____

Date PPD Administered: <u>SIGT</u>	Date PPD Read: <u>1/1</u>
Reading: _____ mm	By: _____

<u>D. Hardin</u>	<u>D. Hardin</u>
Print Name of Interviewer	Signature

R & C Use Only					
LAB: <u>DFC 8.2.2018</u>	Sickle Cell: <input type="checkbox"/> Yes: <input type="checkbox"/> No:	Dental: _____	Panorex: _____		
EKG: _____	CXR: _____	Female Only: _____	PAP: _____	Memo: _____	

EXHIBIT (H)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Vienna Correctional Center

Offender Information:

Stanton

Last Name

Rodney

First Name

ID#: B65491

WII

Date/Time	Subjective, Objective, Assessment	Plans
1-16-15 1:30p	Med Rec Note Cont. Sent CXR from 12-31-14 and EKG from 1-8-15 to Toni for review. Awaiting further information or auth#.-J Powers MRA	
1-16-15 2:45p	Med Rec Note Received call from Toni, LM nurse, with auth# 814267148 for cardiology, val and pacer check. Called River to River Heart group to schedule appointment. Requesting pacer info to call back Monday. -J Powers MRA	

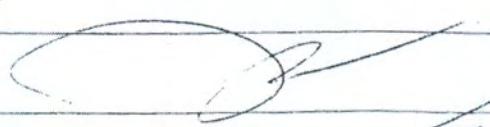
EXHIBIT (E)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Vienna Correctional Center

Offender Information:		
Last Name <u>Stanton</u>	First Name <u>Rodney</u>	ID# <u>B657491</u>

Date/Time	Subjective, Objective, Assessment	Plans
2/24/15 1145A	<p>MD SICK CALL COMPLAINS: Cardiac Pacer Issues BP 160/111 T 98.3 P 87 R 18 Wt 232</p> <p>(S) @10 left chest pain (D) Began 30 minutes ago He reports short deep breathing + palpitation feels "hot". The pain lasts about 30 minutes, rates pain as 6 levels. This has been going on about 3 days He is not a good historian. Heart rate regularly at 82.</p> <p>(A) Chest Wall Pain: awaiting ABI at Vienna CC.</p> <p>More interested in inmates in Hail, Daugherty & holding C them.</p>	<p>(P) Motored 400 mg Tab Pe & 5 drops</p>  <p>2/24/15</p> <p>12pm 2/24/15</p>
2/25/15 1130	<p>HCUA Note</p> <p>Dr. 0255 Medical Service Special Request Denial</p> <p>X2 completed for denial to River to River Heart Group</p> <p>Copy sent to Dr. Shuck & Offender Program</p>	

FANISIUS

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Pinckneyville Correctional Center

Offender Information:

Stanton Rishney MI ID#:BL5491

Last Name First Name MI ID#:

Date/Time	Subjective, Objective, Assessment	Plans
7/2/15	Medical Records Note	
10 ³⁰ AM	Received approval 6/9/15 for pacemaker - auth# 041131999 to be done by Cardiac Diagnostics Today, 7/2/15; I called the company to see how to go about scheduling this. I have scanned the requested information to them for review. They'll call back after they review the information J. Burns, Med Rec Dir	
7/10/15	Medical Records Note	
12 ³⁵ pm	Received non-approval 6/9/15 for an echocardiogram. Dr. Shah completed the "Medical Special Service Referral Denial or Revision" form on 6/26/15. On 7/9/15 appropriate copies were made and distributed. Originals filed in chart - J. Burns, Med Rec Dir	

EXHIBIT III (K)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Pinckneyville Correctional Center

Pinckneyville Correctional		
Offender Information:		
<u>Stanton</u> Last Name	<u>Rodney</u> First Name	MI
		ID#: B65491

LOEJV & LOEJV

311 N. Aberdeen St., 3rd Floor, Chicago, Illinois 60607

June 9, 2016

CONFIDENTIAL LEGAL CORRESPONDENCE

Via U.S. Mail
Rodney Stanton B65491
Pinckneyville Correctional Center
P.O. Box 999
Pinckneyville, IL 62274

Re: Your request for legal representation

To Rodney Stanton:

This letter is to inform you that after reviewing your file, we are unfortunately unable to take your case.

Please be advised that there are time limitations that govern the period in which a claim or lawsuit may be filed. Such time periods depend on the cause of action you may wish to pursue. However, we encourage you to follow up with other attorneys immediately to ensure that all legal rights are fully explored and protected.

We appreciate your decision to contact us, and wish you the best of luck in pursuing your claims.

Sincerely,

Loevy & Loevy



March 28, 2016

SENT VIA REGULAR MAIL

Mr. Rodney Stanton
Reg. No. #B65491
P.O. Box 999
Pinckneyville, IL 62274

LEGAL MAIL

RE: Toxic Tort Claim
Stanton v. Honeywell Corp., et al., Case No. 15-cv-1223

Dear Mr. Stanton:

Thank you for giving us the opportunity to evaluate your potential case. Please be advised that Ms. Lauren Boaz no longer works at our firm. After reviewing the information you provided, we regret to inform you that Gori Julian & Associates, P.C. will not be able to represent you at this time. On behalf of Gori Julian & Associates, P.C. we have closed your file and the attorney-client relationship has ended.

We are only giving you the opinion of our law firm. We do not consider our opinion as final and absolute on the manner. If you wish to seek a second opinion, we urge you to do so as soon as possible. Each state prescribes a statute of limitations applicable to these claims. The statute of limitations defines the period within which a lawsuit must be filed, or the claim can be permanently barred. As such, time is of the essence.

Thank you so much for giving us the opportunity to review your potential claim. If you have any questions, feel free to contact our office.

Very truly yours,
A handwritten signature in black ink, appearing to read "D. Todd Mathews".

D. Todd Mathews

DTM/clf



**Chicago Lawyers' Committee
for Civil Rights Under Law, Inc.**

Chicago's Partnership for Equal Justice

March 28, 2016

Mr. Rodney Stanton, #B-65491
Pinckneyville Correctional Center
5835 State Route 154
P.O. Box 999
Pinckneyville, IL 62274

Re: Request for Legal Assistance

Dear Mr. Stanton:

The work of the Chicago Lawyers' Committee is largely restricted to litigation addressing civil rights violations in hate crimes, employment and housing discrimination. It follows that your case is not one in which we would normally become involved.

I hope that our determination does not deter you from seeking assistance elsewhere. Good luck in your efforts to resolve your problem.

Sincerely,

A handwritten signature in black ink, appearing to read "Elesha".

Elesha Jackson
Office Manager

UNITED STATES DISTRICT COURT

for the

Southern District of Illinois

Rodney STANTON
Plaintiff(s))
v.
HONEYWELL INTERNATIONAL, INC, ET AL,
Defendant(s))

Case Number: 17-365-DRT

CERTIFICATE OF SERVICE

I hereby certify that on _____ I electronically filed _____

with the Clerk of Court using the
CM/ECF system which will send notification of such filing(s) to the following:

and I hereby certify that on [date], I mailed by United States Postal Service, the
document(s) to the following non-registered participants:

Respectfully submitted,

Rodney Stanton
Name of Plaintiff Registrant
P.O. Box 999
Address
PINCKNEYVILLE, IL 62274
City, State, Zip

Phone: (____) _____ - _____

Fax: (____) _____ - _____

E-mail: _____ @ _____

Attorney bar number (if applicable)